1a. TYPE OF WORK

Form approved. Budget Bureau No. 42-R1425.

5. LEASE DESIGNATION AND SERIAL NO.

U-51846
6. IF INDIAN, ALLOTTRE OR TRIBE NAME

UNITED STATES

OF THE INTERIOR

Other instruction reverse

GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

In. Tipe of work	RILL 🖾	DEEPEN 🗌	PLUG	BACK 🗌	7. UNIT AGREEMENT	NAME
b. TYPE OF WELL OIL	GAS	TITE HOLE		OLTIPLE [8. FARM OR LEASE NA	ME
WELL XX	WELL OTHER		ZONE L Z	ONE L	McCracken Sp	4.1
Yates Petro	leum Corporation	1			9. WELL NO.	
3. ADDRESS OF OPERATO	OR The state of th				2-31	
105 South Fo	ourth Street - A	Artesia, NM 8	8210		10. FIELD AND POOL,	
At surface			Any State requirements.	7.	Wildcat	· · · · · · · · · · · · · · · · · · ·
	O' FSL & 500' FI	بان	New 150		AND SURVEY OR A	REA
At proposed prod. : Same			ho,		Section 31-T	37S-R24E
	S AND DIRECTION FROM N	SAREST TOWN OR POST O	OFFICE*		12. COUNTY OR PARISI	
Approximate:	ly 15 miles nort	h of Hatch Tr	ading Post, Ut	ah	San Juan	Utah
15. DISTANCE FROM PR LOCATION TO NEAR	OPOSED* EST		6. NO. OF ACRES IN LEA	SE 17. NO.	OF ACRES ASSIGNED.	
PROPERTY OR LEAS (Also to nearest of	E LINE, FT. Irlg. unit line, if any)	500'	906.3		80	
	, DRILLING, COMPLETED,	1	9. PROPOSED DEPTH	20. ROTA	ARY OR CABLE TOOLS	
OR APPLIED FOR, ON		<u> </u>	6410'	<u></u>	Rotary	
	whether DF, RT, GR, etc.)	4.0			22. APPROX, DATE W	OBK WILL START*
570 23.	02' GR				ASAP_	
		PROPOSED CASING	AND CEMENTING PR	ROGRAM		<u> </u>
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT			QUANTITY OF CEME	NT-
17-1/2"	13-3/8"	_ <u>48# H-40</u>	Approx. 100		sacks	
12-1/4"	9-5/8"	_ 36# K-55	<u>" 2250</u>		<u>sacks - circul</u>	ate
7-7/8"	5-1/2"	15.5# J-55	TD :	450	sacks	
MUD PROGRAM		fresh water g	gel to TD. MW			10–15
BOP PROGRAM: BOP's will be nippled up when intermediate casing is set.						
		MIP	arenna sa	- W. F.	•	
		IN IN IN	USUV I			
	•	11/16				
•		S AI	UG 27 1986 🔏	- E		
n above space descr one. If proposal is preventer program	IBE PROPOSED PROGRAM: I to drill or deepen direction	f proposal is to deepen nally, give pertinent	NIVISION OF locati	on present proc ons and measure	ductive zone and proposed and true vertical dept	ed new productive
24.	. //	-				
SIGNED	1 Com	TITLE	Regulatory	Agent	DATE Aug.	25, 1986
(This space for Fo	ederal or State office use)					
PERMIT NO.	43-037-3	1275	APPROVAL DATE	· · · · · · · · · · · · · · · · · · ·		
APPROVED BY		TITLE	·		DATE	
CONDITIONS OF APPE	OVAL, IF ANY:		. (John 7	P. By	
		*See Instructi	ions On Reverse Sid	•	100	

COMPANY YATES PETROLEUM	CORPORATION
McCRACKEN SPRING	WELL NO. 2-31
.EC. 31 , ⊤ 37S	
County: San Juan	
LOCATION 2050'FSL & 500'F	
ELEVATION 5702 6L	
Sec.	Fa
	31. 0 ***********************************
	9502

SCALE-4 INCHES EQUALS 1 MILE

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM FIELD NOTE OF ACTUAL SURVEYS MADE BY ME UNDER MY SUPER. VISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE BEST OF MY WAS MEANED OF AND BELLEF!

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EEALI (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466) (#8466)	Registered Land Su New Mexico P.L.S. 1	
EURVEYED PROFESSIONAL LAND	August 11	.,86_

YATES PETROLEUM CORPORATION McCRACKEN SPRING #2-31 2050' FSL and 500' FEL of Section 31-37S-R24E San Juan County, Utah

In conjunction with Form 9-331C, Application for Permit to Drill subject well, Yates Petroleum Corporation submits the following ten items of pertinent information in accordance with BLM requirements.

- 1. The geological surface formation is the Dakota formation.
- The estimated tops of geologic markers are as follows:

2135'
2835
2920'
5005
6005'
6325'
6370 '
6410'

3. The estimated depths at which anticipated water, oil or gas formations are expected to be encountered:

Water: Surface to 1870'

Oil or Gas: Primary Pay is Upper Ismay 6005'; Secondary Pay Desert Creek 6325'

4. Proposed Casing Program:

Surface Casing:

There will be one stage of cement. Cemented with 900 sacks of Class "C" 2% CaCl2 (700 cubic feet of cement) circulated. Casing shoe will be set at 2250' and float equipment set at approximately 2210'.

Production Casing:

There will be one stage or as warranted of cement. Cemented with enough Class "C" to equal 225 cubic feet or approximately 310 sacks to reach estimated top at 5000'. Float collar will be set at approximately 40' above TD with casing shoe set at TD.

NOTE: The San Juan Resource Are will be notified 1 day prior to running casing strings and cement.

- 5. Pressure Control Equipment: See Form 9-331C. NOTE: The San Juan Resource Area will be notified 1 day prior to pressure testing.
- 6. Mud Program:

DEPTH	TYPE	WEIGHT #/GALLON	VIS-sec/qt.	FLUID LOSS	(cc)
0-5500'	FW				
5500-TD	FW gel/starch	9.0-10.4	35-45	10-15	

7. Auxiliary Equipment: Kelly cock; pit level indicators and flow sensor equipment; sub with full-opening valve on floor, drill pipe connection.

McCracken Spring #2-31 Page 2:

8. Testing, Logging and Coring Program:

Samples: 10' samples caught out from under surface casing to TD

DST's: Two (2) possible

Coring: None

Logging: DIL & CNL/LDT from TD to casing. Possible dipmeter and sonic.

9. No abnormal pressures or temperatures are anticipated.

10. Anticipated starting date: As soon as possible after approval.

MULTI-POINT SURFACE USE AND OPERATIONS PLAN
YATES PETROLEUM CORPORATION
McCracken Federal #2-31
2050' FSL and 500' FEL of
Section 31-T37S-R24E
San Juan County, Utah

This plan is submitted with Form 9-331C, Application for Permit to Drill, covering the above described well. The purpose of this plan is to describe the location of the proposed well, the proposed construction activities and operations plan, the magnitude of surface disturbance involved and the procedures to be followed in rehabilitating the surface after completion of the operations, so that a complete appraisal can be made of the environmental effect associated with the operations.

1. EXISTING ROADS:

- From Hatch Trading Post follow Perkins Ranch road to a point approximately 5
 miles west of Perkins Ranch on County Road 204.
- 2. Access road will enter the northeast corner of the location.
- 3. Refer to map.

2. PLANNED ACCESS ROAD

- A. The new road will be 20 feet in width and approximately 500' in length on BLM land.
- B. The new road will be bladed. Native materials will be used. If needed in wet weather, surfacing material may be needed. No turnouts will be built.
- C. The route of the road is flagged and visible.
- D. Encroachment permit will be obtained from San Juan County Road Department.

3. LOCATION OF EXISTING WELL:

- A. There is drilling activity within a one mile radius of the wellsite.
- 4. LOCATION OF EXISTING AND/OR PROPOSED FACILITIES:
 - A. There are no production facilities on this lease at the present time.
 - B. In the event that the well is productive, the necessary production facilities will be installed on the drilling pad. If the well is productive oil, a gas or diesel self-contained unit will be used to provide the necessary power. No power will be required if the well is productive gas.

McCracken Spring #2-31
Page 2:

5. LOCATION AND TYPE OF WATER SUPPLY:

A. It is planned to drill the proposed well with a fresh water system. The water will be obtained from commercial purposes and will be hauled to the location by truck over the existing and proposed roads. Water and permits will be obtained by the drilling contractor. The State will be notified of the permit number.

6. SOURCE OF CONSTRUCTION MATERIALS:

A. Native materials will be used for pad construction. Location and road will be watered and bladed.

7. METHODS OF HANDLING WASTE DISPOSAL:

- A. Drill cuttings will be disposed of in the reserve pits. Pits will be lined if rocks in pit area are fractured.
- B. Drilling fluids will be allowed to evaporate in the reserve pits until the pits are dry.
- C. Water produced during operations will be collected in tanks until hauled to an approved disposal system, or separate disposal application will be submitted.
- D. Oil produced during operations will be stored in tanks until sold.
- E. Current laws and regulations pertaining to the disposal of human waste will be complied with.
- F. Trash, waste paper, garbage and junk will be buried in a separate burn pit and covered with a minimum of 24 inches of dirt. All waste material will be contained to prevent scattering by the wind. Burn permit will be obtained by drilling contractor.
- G. All trash and debris will be buried or removed from the wellsite within 30 days after finishing drilling and/or completion operations.

8. ANCILLIARY FACILITIES:

A. None required.

9. WELLSITE LAYOUT:

- A. Exhibit C shows the relative location and dimensions of the well pad, the reserve pits, etc. The reserve pits will be to the south. Access will be from the northeast.
- B. The location surface is sloping to the south.
- C. The reserve pits will be lined. See Above 7-A.
- D. A 400' X 400' area has been staked and flagged.

McCracken Spring #2-31
Page 3:

10. PLANS FOR RESTORATION OF THE SURFACE:

- A. After finishing drilling and/or completion operations, all equipment and other material not needed for further operations will be removed. The location will be cleaned of all trash and junk to leave the wellsite in as aesthetically pleasing a condition as possible.
- B. Unguarded pits, if any, containing fluids will be fenced until they have dried and been levelled.
- C. If the proposed well is non-productive, all rehabilitation and/or vegetation requirements of the Operator-Landowner Agreement will be complied with and will be accomplished as expeditiously as possible. All pits will be filled level within after abandonment.

11. OTHER INFORMATION:

- A. Topography: The land surface in the vicinity of the wellsite is sloping to the south. The immediate area of the wellsite is discussed above in Paragraph 9B.
- B. Flora and Fauna: The vegetation cover on wellsite consists of native grasses, miscellaneous growth cedar and pine trees. The area is used for grazing.
- C. Waterways: None
- D. Perkins Ranch is approximately 6 miles east.
- E. Surface Ownership: Federal surface and minerals. Per BLM's s request:
 3' of road bed will be put over Pure's pipeline. Fence will be put on either side of road right-of-way. Archaeologist will be on location to monitor removal of surface cover.

12. OPERATOR'S REPRESENTATIVE:

A. The field representatives responsible for assuring compliance with the approved surface use plan are:

Cy Cowan or Clifton May Regulatory Agents Yates Petroleum Corporation 105 South Fourth Street Artesia, NM 88210 505-748-1471

Al Springer Drilling Operations Manager 505-748-1471 McCracken Federal #2-31 Page 4:

13. CERTIFICATION:

I hereby certify that I, or persons under my direct supervision, have inspected the proposed drillsite and access route, that I am familiar with the conditions which presently exist; that the statements made in this plan are to the best of my knowledge, true and correct; and, that the work associated with the operations proposed herein will be performed by Yates Petroleum Corporation and its contractors and subcontractors in conformity with this plan and the terms and conditions under which it is approved. This statement is subject to the provisions of 18 U.S.C. 1001 for the filing of a false statement.

cy Cow

Regulatory Agent

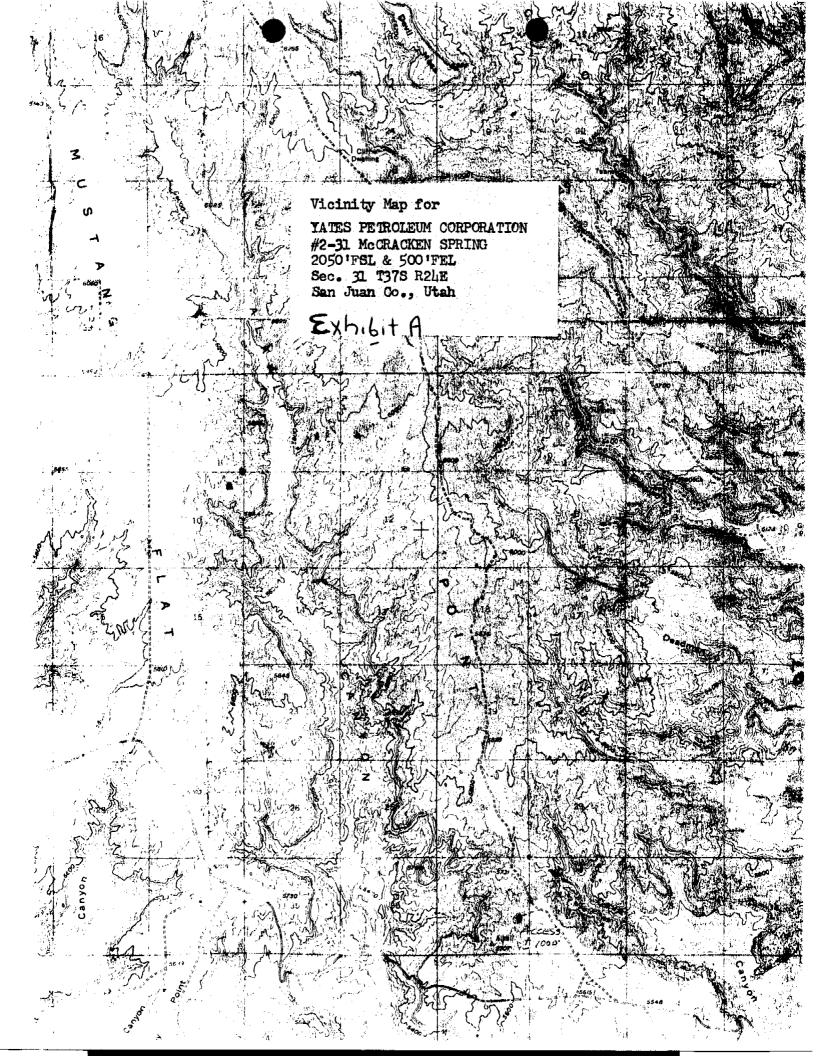
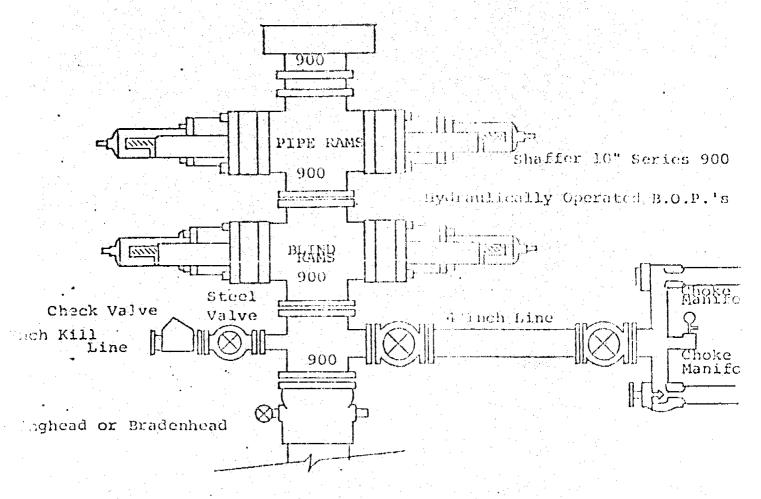


Exhibit B



FOLLOWING CONSTITUTE MINIMUM BLOWOUT PREVENTER REQUIREMENTS

All preventers to be hydraulically operated with secondary manual controlinstalled prior to drilling out from under casing.

Choke outlet to be a minimum of 4" diameter.

Kill line to be of all steel construction of 2" minimum diameter.

All connections from operating manifolds to preventers to be all steel. hole or tube a minimum of one inch in diameter.

The available closing pressure shall be at least 15% in excess of that required with sufficient volume to operate the B.O.P. 's.

All connections to and from preventer to have a pressure nating equivale to that of the B.O.P.'s.

Inside blowout preventer to be available on rig floor.

Operating controls located a safe distance from the rig floor.

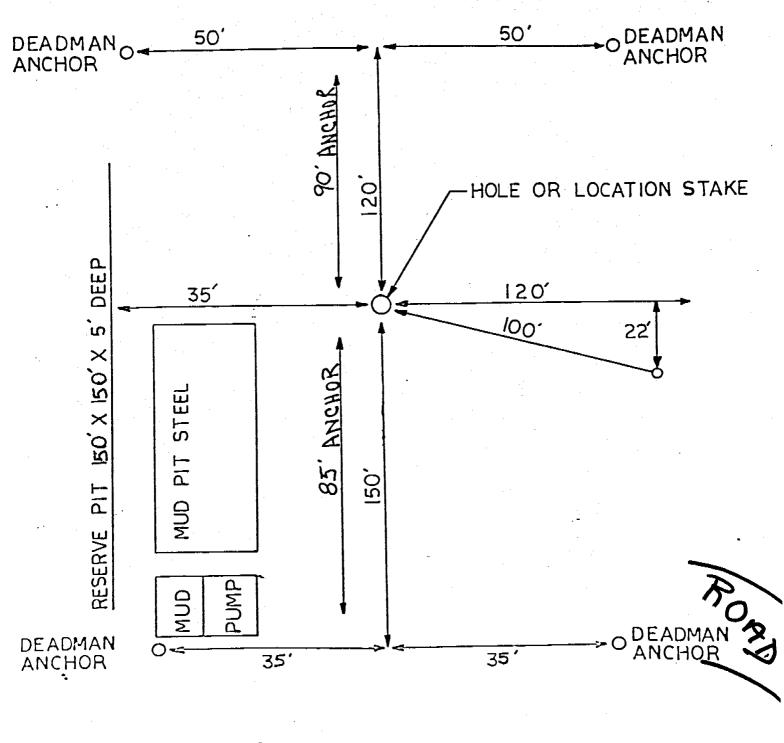
Note must be kept filled on trips befor intermediate casing. Operator Lot responsible for blowouts resulting from not keeping hole full.

9. P. float must be installed and used below zone of first gas intrusio.

Exhibit C

COLEMAN DRILLING CO

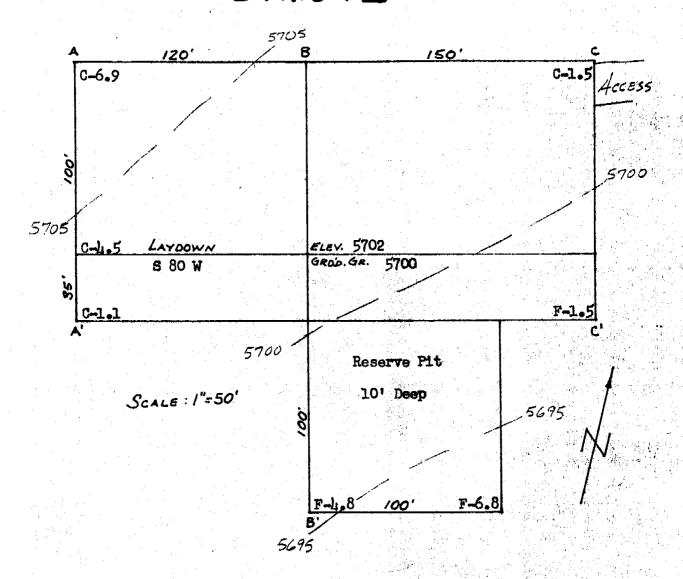
FRONT OF RIG NO. 3





Profile for
YATES PETROLEUM CORPORATION
#2-31 McCRACKEN SPRING
2050'FSL & 500'FEL
Sec. 31 T375 R2hE
Sen Juan County, Utah

ExhibitD



A-A1	Vert.: 1"=30' Horis.:	: 1"=100'	c/L	Market Salah	in the second
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5/10					
		1-1-1-2 =	<u> </u>		
5680		 	 		
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2 RADIUSIE McCracken Spring 2-31 3 32 ф 1-Mile RADIUS McCracken Spring 2-31 Sec 31 T375 R24E Exhibit E

Form 3160-8 (November 1983) (Formerly 9-1123)

(Submit in triplicate to appropriate **BLM** District Office)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of lease

STATE OFFICE:

Utah

SERIAL NO .:

U-51846

and hereby designates

NAME:

Yates Petroleum Corporation

ADDRESS:

105 South 4th Street, Artesia, NM 88210

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the authorized officer may serve written or oral instructions in securing compliance with the Operating Regulations (43 CFR 3160) with respect to (describe acreage to which this designation is applicable):

T. 37 S., R. 24 E., San Juan County, Utah Section 30: Lots 3, 4, E¹₂SW¹₄, SE¹₄

Section 31: Lots 1, 2, 3, 4, E½W½, N½NE¼, ŠE¼

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

The lessee agrees promptly to notify the authorized officer of any change in the designated operator.

MARATHON OIL COMPANY

T. R. Lindsey - Attorney-in-Fact

Cuguet 8, 1986

<u>P. O. Box 120, Casper, WY</u>

(Address)

This form does not constitute an information collection as defined by 44 U.S.C. 3502 and thereto does Appropriate SMD entropy tot

Form 3160-8 (November 1983) (Formerly 9-1123)

(Submit in triplicate to appropriate **BLM** District Office)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of lease

STATE OFFICE:

Utah

SERIAL NO .:

U-51846

and hereby designates

NAME:

Yates Petroleum Corporation

ADDRESS:

105 South 4th Street, Artesia, NM 88210

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the authorized officer may serve written or oral instructions in securing compliance with the Operating Regulations (43 CFR 3160) with respect to (describe acreage to which this designation is applicable):

T. 37 S., R. 24 E., San Juan County, Utah Section 30: Lots 3, 4, $E_2^1SW_4^1$, SE_4^1

Section 31: Lots 1, 2, 3, 4, E½W½, N½NE¼, SE¼

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

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The lessee agrees promptly to notify the authorized officer of any change in the designated operator.

MARATHON OIL COMPANY

T. R. Lindsey - Attorney-in-Fact

P. O. Box 120, Casper, WY

82602

Quart 8 /986

(Address)

This form does not constitute an information collection as defined by 44 U.S.C. 3502 and thereto does Litypipes BMO enjuget for

(Submit in triplicate to appropriate **BLM** District Office)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of lease

STATE OFFICE:

Utah

SERIAL NO .:

U-51846

and hereby designates

Quaret 8, 1986

NAME:

Yates Petroleum Corporation

ADDRESS:

105 South 4th Street, Artesia, NM

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the authorized officer may serve written or oral instructions in securing compliance with the Operating Regulations (43 CFR 3160) with respect to (describe acreage to which this designation is applicable):

T. 37 S., R. 24 E., San Juan County, Utah Section 30: Lots 3, 4, E\(\frac{1}{2}SW\(\frac{1}{4}\), SE\(\frac{1}{4}\)

Section 31: Lots 1, 2, 3, 4, E12W12, N12NE14, SE14

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

The lessee agrees promptly to notify the authorized officer of any change in the designated operator.

MARATHON OIL COMPANY

T. R. Lindsey - Attorney-in-Fact

P. O. Box 120, Casper, WY 82602

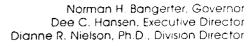
(Address)

This form does not constitute an information collection as defined by 44 U.S.C. 3502 and thereto does Ligyonges BMO eniuper for

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# 191005 - APO 191313 - Off Conf.

| WELL NAME Mc Cracker Agring 2-31 SEC NE SE 31 I 325 B 245 COUNTY | DATE 9-3-86         |
|------------------------------------------------------------------|---------------------|
| WELL NAME Mª Crarken Spring 2-31                                 |                     |
| SEC NE SE 3/ T 375 R 246 COUNTY                                  | San Juan            |
| 43-037-31275<br>API NUMBER TYPE                                  | OF LEASE            |
| CHECK OFF:                                                       |                     |
| PLAT                                                             | ✓ NEAREST WELL      |
| LEASE FIELD                                                      | POTASH OR CIL SHALE |
| PROCESSING COMMENTS:                                             |                     |
| need water permit                                                |                     |
|                                                                  |                     |
|                                                                  |                     |
|                                                                  |                     |
| APPROVAL LETTER:                                                 |                     |
| SPACING: 203 UNIT                                                | 302                 |
| CAUSE NO. & DATE                                                 | 302.1               |
| STIPULATIONS:<br>1- Water                                        |                     |
|                                                                  |                     |
|                                                                  |                     |
|                                                                  |                     |
| ·                                                                |                     |
|                                                                  | <u></u>             |





355 W. North Temple • 3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

September 8, 1986

Yates Petroleum Corporation 105 South Fourth Street Artesia, New Mexico 88210

#### Gentlemen:

Re: Well Name: McCracken Spring 2-31 - NE SE Sec. 31, T. 37S, R. 24E 2050' FSL, 500' FEL - San Juan County, Utah

Approval to drill the referenced well is hereby granted in accordance with Rule 302, Oil and Gas Conservation General Rules, subject to the following stipulations:

 Prior to commencement of drilling, receipt by the Division of evidence providing assurance of an adequate and approved supply of water as required by Chapter 3, Title 73, Utah Code Annotated.

In addition, the following actions are necessary to fully comply with this approval:

- Spudding notification to the Division within 24 hours after drilling operations commence.
- 2. Submittal to the Division of completed Form OGC-8-X, Report of Water Encountered During Drilling.
- 3. Prompt notification to the Division should you determine that it is necessary to plug and abandon this well. Notify John R. Baza, Petroleum Engineer, (Office) (801) 538-5340, (Home) 298-7695, or R. J. Firth, Associate Director, (Home) 571-6068.
- 4. Compliance with the requirements and regulations of Rule 311.3, Associated Gas Flaring, Oil and Gas Conservation General Rules.

Page 2 Yates Petroleum Corporation Well Name: McCracken Spring 2-31 September 8, 1986 5. Prior to commencement of the proposed drilling operations, plans for toilet facilities and the disposal of sanitary waste at the drill site shall be submitted to the local health department having jurisdiction. Any such drilling operations and any subsequent well operations must be conducted in accordance with applicable State and local health department regulations. A list of all local health departments and copies of applicable regulations are available from the Division of Environmental Health, Bureau of General Sanitation, telephone (801) 533-6163. 6. This approval shall expire one (1) year after date of issuance unless substantial and continuous operation is underway or an application for an extension is made prior to the approval expiration date. The API number assigned to this well is 43-037-31275. Sincerely, Associate Director, Oil & Gas as Enclosures cc: Branch of Fluid Minerals D. R. Nielson 8159T

Form approved. Budget Bureau No. 42-R1425.

### UNITED STATES DEPARTMENT OF THE INTERIOR FOR THE

5. LEASE DESIGNATION AND SERIAL NO.

The water

| GEOLOGICAL SURVEY 10101602                                             |                                                                                                                                                       |                 |                               |                | U-51846                                |                                                  |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------|----------------|----------------------------------------|--------------------------------------------------|
| APPLICATION                                                            | FOR PERMIT 1                                                                                                                                          | O DRILL, I      | DEEPE                         | N, OR PLUG     | BACK                                   | 6. IF INDIAN, ALLOTTRE OR TRIBE NAME             |
|                                                                        | LL 🖾                                                                                                                                                  | DEEPEN [        |                               | Strate PLUG BA | ск 🗆                                   | 7. UNIT AGREEMENT NAME                           |
|                                                                        | SELL OTHER                                                                                                                                            | TITE HOLE       |                               | NGLE MULTI     | PLE                                    | 8. FARM OR LEASE NAME                            |
| 2. NAME OF OPERATOR Yates Petrole                                      | um Corporation                                                                                                                                        |                 |                               |                |                                        | McCracken Spring 9. WELL NO.                     |
| 3. ADDRESS OF OPERATOR                                                 | <del>-</del>                                                                                                                                          |                 |                               |                | <i>.</i>                               | 2-31 65.7                                        |
| 4. LOCATION OF WELL (R. At surface                                     | 105 South Fourth Street - Artesia, NM 88210  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*) At surface |                 |                               |                |                                        | 10. FIELD AND POOL, OR WILDCAT Wildcat           |
| 2050'                                                                  | FSL & 500' FEL                                                                                                                                        | 1               |                               |                |                                        | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| At proposed prod. zone Same  43.037.3/275 Section 31-T37S-R24E         |                                                                                                                                                       |                 |                               |                | Section 31-T37S-R24E                   |                                                  |
| Approximately 15 miles north of Hatch Trading Post, Utah               |                                                                                                                                                       |                 |                               |                | San Juan, Utah                         |                                                  |
| 15. DISTANCE FROM PROPOSED*   16. NO. OF ACRES IN LEASE   17. NO.      |                                                                                                                                                       |                 | OF ACRES ASSIGNED HIS WELL 80 |                |                                        |                                                  |
| 18. DISTANCE FROM PROP<br>TO NEAREST WELL, DO<br>OR APPLIED FOR, ON TH | RILLING, COMPLETED,                                                                                                                                   |                 | 19. PR                        | OPOSED DEPTH   | 20. BOTA                               | Rotary                                           |
| 21. ELEVATIONS (Show whether DF, RT, GR, etc.)                         |                                                                                                                                                       |                 |                               |                | 22. APPROX. DATE WORK WILL START* ASAP |                                                  |
| 5702 GR ASAP  23. PROPOSED CASING AND CEMENTING PROGRAM                |                                                                                                                                                       |                 |                               |                |                                        |                                                  |
| SIZE OF HOLE                                                           | SIZE OF CASING                                                                                                                                        | WEIGHT PER F    | OOT                           | SETTING DEPTH  |                                        | QUANTITY OF CEMENT                               |
| 17-1/2"                                                                | 13-3/8"                                                                                                                                               | 48# H-40        |                               | Approx. 100'   |                                        | sacks <u>c</u>                                   |
| 12-1/4"                                                                | 9-5/8"                                                                                                                                                | <u>36# K−55</u> |                               | <u>" 2250'</u> |                                        | sacks - circulate                                |
| 7-7/8"                                                                 | 5-1/2"                                                                                                                                                | 15.5# J−:       | 55                            | TD             | 450 8                                  | sacks jag tage g                                 |



DIVISION OF OIL, GAS & MINING

| nd measured and true vertical depths. Give bl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| :1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|            | YATES PETROLEU | M CORPORATTO | N    |                   |            |
|------------|----------------|--------------|------|-------------------|------------|
|            | RACKEN SPRING  | WEI          | •    | 2-31              |            |
| *EC3L      |                | <u> 21</u>   | E.   |                   |            |
| County: Sa | n Juan         | State:_      | Utah |                   | . <b>.</b> |
| LOCATION   | 2050'FSL & 500 | FEL          |      |                   | - i        |
|            |                |              |      |                   |            |
| FLEVATION  | 5702 GL        | · .          |      |                   |            |
| ELEVATION  |                |              |      |                   |            |
|            |                |              |      |                   |            |
|            | Sec            |              |      | Marathera<br>1-31 |            |
|            |                | 31           |      | 1230              | Fd.        |

ACALE A INCHES FOUNTS A MILE

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM
FIELD NOTE OF ACTUAL SURVEYS MADE BY ME UNDER MY SUPERVISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE

REALI ROSESSIONAL LINGS

Registered Land Surveyor
New Mexico P.L.S. No.8466

August 11 ...86

FARMINGTON N M

Yates Petroleum Corporation Well No. McCracken Spring 2-31 Sec. 31, T. 37 S., R. 24 E. San Juan County, Utah Lease U-51846

#### CONDITIONS OF APPROVAL

Approval of this application does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

#### A. DRILLING PROGRAM

Steel braided accumulator lines are acceptable.

A 2" diameter choke line is acceptable.

All lease operations will be conducted in full compliance with applicable regulations (43 CFR 3100), Onshore Oil and Gas Order 1, and the approved plan of operations. The operator is fully responsible for the actions of his subcontractors. A copy of these conditions and the approved plan will be made available to the field representative to insure compliance.

No location will be constructed or moved, no well will be plugged, and no drilling or workover equipment will be removed from a well to be placed in a suspended status without prior approval of the District Office. If operations are to be suspended, prior approval of the District Office will be obtained and notification given before resumption of operations.

The spud date will be reported orally to the District Office within a minimum of 24 hours prior to spudding. Written notification in the form of a Sundry Notice (Form 3160-5) will be submitted to the District Office within 24 hours after spudding. If the spudding occurs on a weekend or holiday, the written report will be submitted on the following regular work day.

In accordance with Onshore Order No. 1 this well will be reported on Form 3160-6, "Monthly Report of Operations", starting with the month in which operations commence and continued each month until the well is plugged and abandoned. This report will be sent to the District Office, P.O. Box 970, Moab, Utah 84532.

Immediate Report: Spills, blowouts, fires, leaks, accidents, or any other unusual occurrences shall be promptly reported to the Area Office in accordance with requirements of NTL-3A.

If a replacement rig is needed for completion operations, a Sundry Notice (Form 3160-5) to that effect will be filed for prior approval from the District Office, and all conditions of this approved plan are applicable during all operations conducted with the replacement rig. In emergency situations verbal approval to bring on a replacement rig will be approved through the District Office.

Whether the well is completed as a dry hole or as a producer, "Well Completion and Recompletion Report and Log" (Form 3160-4) will be submitted to the District Office not later than thirty (30) days after completion of the well or after completion of operations being performed, in accordance with 43 CFR 3164. Two copies of all logs, core descriptions, core analyses, well test data, geologic summaries, sample description, and all other surveys or data obtained and compiled during the drilling, workover, and/or completion operations, will be filed with Form 3160-4. Samples (cuttings, fluids, and/or gases) will be submitted when requested by the Moab District Manager.

If the well is to be completed for production the Area Office is to be contacted in order to set up a pre-production conference. When the well is placed in a producing status the District Office is to be notified by telegram or other written communication within five working days.

Approval to vent/flare gas during initial well evaluation will be obtained from the District Office. This preliminary approval will not exceed 30 days. Approval to vent/flare beyond this initial test period will require District Office approval pursuant to guidelines in NTL-4A.

No well abandonment operations will be commenced without the prior approval of the District Office. In the case of newly-drilled dry holes or failures, and in emergency situations, oral approval will be obtained from the District Office. A Subsequent Report of Abandonment (Form 3160-5) will be sent to the District Office within 30 days following completion of the well for abandonment. This report will indicate where plugs were placed and the current status of surface restoration. Final abandonment will not be approved until the surface reclamation work required by the approved APD or approved abandonment notice has been completed to the satisfaction of the Area Office, or the appropriate surface managing agency. Upon completion of approved plugging a dry hole marker will be erected in accordance with 43 CFR 3162.6. The top of the marker will be closed or capped. The following minimum information will be permanently placed on the marker; "Fed" or "Ind", as applicable, "Lease number", "Well number", location of well by 1/41/4 section, township, and range.

The following may be inspected and/or witnessed:

- 1. The cementing and testing of surface casing, testing BOP's.
- 2. (Dry Hole) Setting and testing of surface casing shoe plug.
- 3. (Depleted Producer) The setting and testing of plugs across the producing horizon and if applicable the surface casing shoe plug and/or annulus (casing to formation) squeeze jobs.

Notify the San Juan Resource Area (Mike Wade) one day or on dry hole as soon as possible prior to the above at (801) 587-2141 (Home) (801) 587-2026 or if unable to reach Mike, call Moab District Office Greg Noble at (801) 259-6111 (Home) (801) 259-8811.

#### B. SURFACE USE PLAN

A BLM approved archaeologist will monitor construction of the well pad and access (between sites 42SA17876 and 17877).

The southeast boundary of archaeological site 42SA13114 will be fenced prior to construction.

| Your contact with the | District Office is:                            |                              |
|-----------------------|------------------------------------------------|------------------------------|
| Greg Noble            | , Petroleum Engineer                           | Office Phone: (801) 259-6111 |
|                       |                                                | Home Phone: (801) 259-8811   |
|                       | , Petroleum Engineer                           | Office Phone:                |
|                       |                                                | Home Phone:                  |
|                       | Address:                                       | *                            |
|                       | 82 East Dogwood, P. O. Box<br>Moab, Utah 84532 | \$ 970                       |
| Your contact with the | San Juan Resource                              | e Area Office is:            |
| Rich McClure          | , Natural Resource Specia                      | alist                        |
|                       |                                                | Office Phone: (801) 587-2141 |
|                       |                                                | Home Phone: (801) 587-2874   |
|                       | Address:                                       |                              |
|                       | 435 North Main, P. O. Monticello, Utah 84      |                              |

### FILING FOR WATER IN THE STATE OF UTAH

| Rec. by  | C  |               |
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| Fee Paid | \$ | <b>7</b> 5 03 |

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APPLICATION TO APPROPRIATE WATER

DIVISION OF OIL FOR the purpose of acquiring the right to use a portion of the unappropriated water of the State of Utah,

application is hereby made to the State Engineer, based upon the following showing of facts, submitted in accordance with the requirements of the Laws of Utah.

WATER USER CLAIM NO. 09 - 1490

APPLICATION NO. T62188

1. PRIORITY OF RIGHT: November 24, 1986

FILING DATE: November 24, 1986

2. OWNER INFORMATION

Name: Yates Petroleum Corporation Address: 105 South Fourth Street, Artesia, NM 88210 The land is not owned by the applicant(s), see explanatory.

- 3. QUANTITY OF WATER: 5.0 acre feet (Ac. Ft.)
- DRAINAGE: San Juan River 4. SOURCE: Artesian Well POINT(S) OF DIVERSION:

COUNTY: San Juan

(1) N. 50 feet, W. 480 feet, from the El Corner of Section 12, Township 38 S, Range 24 E, SLB&M

Description of Diverting Works: 8 Inch diameter well 506 ft.

COMMON DESCRIPTION: 7.5 mi. N. Hatch Trading Post

5. STORAGE

Water is to be stored in Unnamed reservoir from January 1 to December 31. Capacity 5.0 ac.ft. innundating 0.25 acres. Height of dam 4 feet. The area innundated by the reservoir includes all or part of each of the following legal subdivisions.

| Ne Ne              | orth Ea | st Quar | ter  | N    | orth W | est Quar | ter | S    | outh W | est Qua | rter | ) Se | outh E | est Qu          | orter |
|--------------------|---------|---------|------|------|--------|----------|-----|------|--------|---------|------|------|--------|-----------------|-------|
| TOWN RANGE SEC NET | NW1     | SW1     | SE 🖁 | NE 1 | NW1    | SWI      | SE  | NE 1 | NW1    | SW      | SE 1 | NE+  | NW1    | SW <del>1</del> | SE    |
| 38 S 24 E 12 X     |         |         |      |      |        |          |     | 1    |        |         |      | Ī    |        |                 |       |

All locations in Sait Lake Base and Meridian

6. NATURE AND PERIOD OF USE

Oil Exploration From December 1 to December 1.

7. PURPOSE AND EXTENT OF USE

Oll Exploratio: Oll Well Drilling

8. PLACE OF USE

The water is used in all or parts of each of the following legal subdivisions. North East Quarter North West Quarter South West Quarter South East Quarter SW<del>1</del> SE NW1 SW SE 1 NE 1

37 S 24 E 31 1X

All locations in Salt Lake Base and Meridian me trankens 2-3143-042-31275 POW/GRRV

**EXPLANATORY** 

#### STATE ENGINEER'S ENDORSEMENT

WATER USER'S CLAIM NO. 09 - 1490

APPLICATION NO. T62188

- 1. November 24, 1986 Application received by MP.
- 2. November 24, 1986 Application designated for APPROVAL by MP and SG.
- 3. Comments:

Conditions:

This application is hereby APPROVED, dated December 5, 1986, subject to prior rights and this application will expire on December 5, 1987.

Robert L. Morgan

State Engineer



105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 TELEPHONE (505) 748-1471

January 28, 1987

FEB 0 2 1987

S. P. YATES
PRESIDENT

JOHN A. YATES
VICE PRESIDENT
B. W. HARPER

DIVISION OF OIL, GAS & MINING

State of Utah
Natural Resources
Oil, Gas and Mining
3 Triad Center, Suite 530
Salt Lake City, Utah 84180-1203

ATTN: Ronald J. Firth

Dear Sir:

Re: McCracken Springs #2-31 Section 31-375-24E San Juan County, Utah

Yates Petroleum Corporation seeks approval to flare gas from the subject well for a maximum period of 90 days in order to conduct test aimed at prevention of gas coning in the well. We are seeking concurrent approval from the BLM. If this action is approved, the well will be produced at reduced rates so that the total amount of gas flared during the test period will correspond to about 30 to 45 days at peak rates.

As you know, the Marathon McCracken Springs No. 1-31 produces about 30 BOPD and 145 Mcf/D in accord with the decision in Utah Division Docket No. 86-012, Cause No. 196-19. The Yates Petroleum McCracken Springs No. 2-31 was spudded on December 17, 1986, and reached total depth of 6395 feet on December 28, 1986. On January 7, 1987, the Upper Ismay was perforated at 6075-6086 and the well tested 562 BO and 462 Mcf on a 24-hr test a few days later on January 10, 1987. The well has been shutin since that Bottom-hole pressure of 1963 psi was measured on January 14 after the well had been shutin for 94 hours. On that same day, two samples of bottom-hole fluid were taken for PVT These samples are now being analyzed by Core Laboratories and the PVT data will be available about February 10.

You know from the history of the Marathon well that the McCracken Springs reservoir contains a gas cap. Yates, of course, wishes to maximize oil production and minimize gas production during the



Norman H. Bangerter, Governor Dee C. Hansen, Executive Director Dianne R. Nielson, Ph.D., Division Director

355 W. North Temple • 3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340



February 6, 1987

 $02192_{-}$ 

Yates Petroleum Corporation 105 South 4th Street Artesia, New Mexico 88210

Gentlemen:

RE: Request to Flare or Vent Associated Gas From McCracken Springs Well No. 2-31, T37S, R.24E, San Juan County, Utah 13-037-31075

The Division of Oil, Gas and Mining hereby grants approval of your request dated January 28, 1987 to flare associated gas from the referenced well. The approval is limited to the conditions stated in your letter, specifically that the associated gas may be flared or vented in excess of that allowed by Rule 311.3 of the Oil and Gas Conservation General Rules for the purposes of testing the well for a maximum period of 90 days.

The specific conditions of the approval are that the McCracken Springs Well No. 2-31 may be produced, and associated gas flared or vented, at producing rates as stated in your January 28th letter for a maximum period of 90 days beginning from the first day of testing. If the producing gas-oil ratio should increase over 2000:1, then this approval will become void and Yates Petroleum will be required to restrict gas flaring to that allowed by Rule 311.3 of the Oil and Gas Conservation General Rules.

Please note that this approval represents an administrative variance to Rule 311.3. No formal action by the Board of Oil, Gas and Mining will be required at this time; however, any additional request for producing the well in excess of that specified in your letter or any extension of this approval will require a petition and hearing before the Board.

It is also necessary to comply with federal regulations and the federal lease requirements concerning oil and gas operations. Therefore, you are advised to contact the appropriate federal agency to ensure that they do not object to the proposed gas flaring.

The same of the sa

Page Two Yates Petroleum Corporation February 6, 1987

We hope this information is helpful to you, please contact this office again if you have further questions.

Best regards,

Dianne R. Nielson

Director

JRB

cc: R, J. Firth J. R. Baza Well File

0258T-93-94



120101 Well file

Norman H. Bangerter, Governor Dee C. Hansen, Executive Director Dianne R. Nielson, Ph.D., Division Director

355 W. North Temple • 3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

February 6, 1987 Pow 43-637-31275

Yates Petroleum Corporation 105 South 4th Street Artesia, New Mexico 88210

Gentlemen:

Request to Flare or Vent Associated Gas From McCracken Springs RE: Well No. 2-31, T37S, R.24E, San Juan County, Utah

The Division of Oil, Gas and Mining hereby grants approval of your request dated January 28, 1987 to flare associated gas from the referenced well. The approval is limited to the conditions stated in your letter, specifically that the associated gas may be flared or vented in excess of that allowed by Rule 311.3 of the Oil and Gas Conservation General Rules for the purposes of testing the well for a maximum period of 90 days.

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Page Two Yates Petroleum Corporation February 6, 1987

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Best regards,

Dianne R. Nielson

Director

JRB

cc: R. J. Firth J. R. Baza Well File

0258T-93-94

5. CEASE DESIGNATION AND SERIAL NO.

(See order instructions on reverse side)

|                                         | BU                   | REAU OF L         | AND M         | ANAGEME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NT                         |                     |                                       | }                | U-518            | 46              |                                       |
|-----------------------------------------|----------------------|-------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|---------------------------------------|------------------|------------------|-----------------|---------------------------------------|
| WELL CO                                 | MPLETION             | OR REC            | OMPL          | ETION I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | REPORT                     | AN                  | D LO                                  | G * 6            | . IF INDIAN      | , ALLO          | TTRE OR TRIBE NAME                    |
| 1a. TYPE OF WEI                         |                      |                   | $\overline{}$ | DRY .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Other                      |                     |                                       |                  | . UNIT AGR       | EEMENT          | NAME                                  |
| b. TYPE OF COM                          |                      | I.I. LAZI WEI.    | l, 🗀          | DRY L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Otner                      |                     |                                       | '                | ስ                | 21              | 200                                   |
| NEW X                                   | WORK DEE             | EP BACI           |               | DIFF. ESVR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Other TIT                  | E H                 | OLE                                   | '8               | . FARM OR        | LEASE           | NAME -                                |
| 2. NAME OF OPERA                        |                      |                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                     |                                       | N                | lcCrack          | en S            | pring                                 |
|                                         | troleum Co           | rporation<br>—    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                     |                                       |                  | . WELL NO.       |                 | ***                                   |
| 3. APPRESS OF UPE                       | rator<br>h 4th St.,  | Artegia           | NM 8          | 8210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                     |                                       |                  | 2-31             | in nooi         | L, OR WILDCAT                         |
| 4. LOCATION OF WE                       |                      |                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y State requir             | remen               | ts) +                                 |                  | O. FIELD A       | U POOI          | L, OR WILDCAL                         |
| At surface                              | 2050' FSL            | & 500' FE         | L (N½S        | SE½)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                          |                     |                                       |                  |                  | R., M.,         | DR BLOCK AND SURVEY                   |
| At top prod. in                         | terval reported be   |                   | ` -           | ••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            | يتنتسنست والمستنسنة |                                       |                  | OR AREA          |                 |                                       |
| At total depth                          |                      |                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                     | i Tarana                              | s                | ection           | 31-             | T37S-R24E                             |
| At total depth                          |                      |                   | 14            | , PERMIT NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            | DATE                | ISSUED                                |                  | 2. COUNTY        | OR              | 1 13. STATE                           |
|                                         |                      |                   | АРТ           | #43-037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -31275                     | ,                   |                                       |                  | PARISH<br>San Ju | an              | Utah                                  |
| 5. DATE SPUDDED                         | 16. DATE T.D. H      | REACHED   17.     |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | . ELEV              | ATIONS (D                             | F. RKB, RT,      |                  |                 | LEV. CASINGHEAD                       |
| 12-17-86                                | 12-28-8              |                   | 1-12          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                     | 5702' (                               | T-1-24           |                  |                 |                                       |
| 20. TOTAL DEPTH, MD                     |                      | IG, BACK T.D., ME | & TVD         | 22. IF MUL<br>HOW M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TIPLE COMPL.<br>ANY®       | •                   | 23. INTE                              | CRVALS<br>LED BY | ROTARY TOO       | LS<br>1         | CABLE TOOLS                           |
| 6395 <sup>†</sup><br>24. PRODUCING INTE | ,                    | 144'              | TOP BOTT      | TOM NAME (A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AND TUD)                   | ,                   | <u></u>                               | <b>→</b>         | X                | 1 25            | . WAS DIRECTIONAL                     |
|                                         |                      |                   | , 201,        | ,012, 1-12-22 (1-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                     | 4                                     | Ø.               |                  | 20              | SURVEY MADE                           |
| 6075-6086                               | ' Upper Is           | may               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | _                   | 3-12-7                                | U                |                  | į               | No                                    |
| 26. TYPE ELECTRIC                       | AND OTHER LOGS       | RUN               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | <del></del> ,       | <del>7</del> '                        |                  | 1                | 27. W           | AS WELL CORED                         |
| Borehole                                | Compensate           | d Sonic-G         | R, DL         | L, Compe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nsated N                   | eut:                | ron                                   |                  |                  |                 | No                                    |
| CASING SIZE                             | WEIGHT, LB.          |                   | ASING R       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ort all stringe<br>LE SIZE | set in              |                                       | ENTING REC       |                  |                 | <del></del>                           |
| 13-3/8"                                 | 54.5#                |                   | 3 1           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7-1/2"                     | 1 ′                 |                                       | (147.5           |                  |                 | AMOUNT PULLED                         |
| 8-5/8"                                  | 24#                  | <del></del>       | 275 <b>'</b>  | i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2-1/4"                     |                     |                                       | (413 cu          |                  |                 |                                       |
| 5-1/2"                                  | 15.5#                |                   | 394'          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -7/8 <sup>1</sup>          |                     | 30 sx                                 |                  |                  |                 |                                       |
|                                         |                      |                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                     |                                       |                  |                  |                 |                                       |
| 29.                                     |                      | LINER RECO        | RD            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            | i                   | 30.                                   | TUI              | BING REC         | ORD             |                                       |
| SIZE                                    | TOP (MD)             | BOTTOM (MD)       | BACK          | S CEMENT*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SCREEN (M                  | D)                  | SIZE                                  | <b>_</b> _       | TH SET (M        | D)              | PACKER SET (MD)                       |
|                                         |                      |                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                     | 2-7/8                                 |                  | 023'             |                 | 6023'                                 |
| 1. PERFORATION RE                       | ORD (Interval, si    | ze and number     | )             | l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 32.                        | AC                  | ID, SHOT,                             | FRACTUR          | E, CEMEN         | r squ           | EEZE, ETC.                            |
|                                         |                      |                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DEPTH INT                  | ERVAI               | . (MD)                                | AMOUL            | T AND KIN        | D OF M          | ATERIAL USED                          |
| 6075-86' w/                             | 22 <b>.</b> 42" Ho1  | les (2 SP)        | ?)            | and the same of th | 6075-8                     | 6 <b>'</b>          |                                       | w/1000           | gal 20           | )% ac           | 1d + 40                               |
|                                         |                      | •                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                     | · · · · · · · · · · · · · · · · · · · | ball s           | ealers.          | <u> </u>        |                                       |
|                                         |                      |                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ļ                          |                     |                                       |                  |                  |                 |                                       |
| 13.*                                    |                      |                   |               | PROI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OUCTION                    |                     |                                       |                  |                  | · · · · · · · · | <u></u>                               |
| ATE FIRST PRODUCT                       | ION PRODU            | UCTION METHOD     | (Flowin       | g, gae lift, pi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ımping—size                | and t               | pe of pun                             | (p)              |                  | STATUE<br>t-in) | (Producing or                         |
| 1-8-87                                  |                      |                   | <del> </del>  | owing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                     |                                       |                  | I                | duc             |                                       |
| ATE OF TEST                             | HOURS TESTED         | CHOKE SI          | T             | ROD'N. FOR<br>EST PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OIL—BBL.                   |                     | GAS—MO                                | 'F. 1            | VATER—BBI        | "               | GAS-OIL RATIO                         |
| 1-12-87                                 | 24<br>CASING PRESSUR | 30/64             | <del> </del>  | ILBBI.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 562                        | MCF                 | 462                                   | WATERBB          | 0                | 011 61          | 822                                   |
| 330                                     | Pkr                  | 24-HOUR F         |               | 562                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 46                         |                     | 1                                     | 0                | Ľ.               | OIL G           | arviii-aii (com.)                     |
| 4. DISPOSITION OF G                     |                      | fuel, vented, et  | c.)           | J02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1 40                       |                     |                                       |                  | EST WITNE        | SED B           | · · · · · · · · · · · · · · · · · · · |
| Flaring - 1                             | Note: Bega           | an produc:        | ing we        | ell for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 90 day t                   | est                 | perio                                 | 1                | Bi11             | Hans            | sen                                   |
| 5. LIST OF ATTACH                       | MENTS begi           | inning 3-2        | 2-87 á        | authoriz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ed by St                   | ate                 | of Ut                                 | ah & BL          | М.               |                 |                                       |
| 6. I hereby certify                     | logs                 | gand attach-      | l (nfo        | tion in com-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | late and accer             | not ==              | dataserie                             | d from -11       | available -      | 000-1-          |                                       |
| )                                       | (                    | and attached      | · morms       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                     |                                       |                  | avanaole r       | ecor <b>as</b>  |                                       |
| SIGNED                                  | anila!               | Doo lle           | 4_            | TITLE Pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | oduction                   | Su                  | pervis                                | or               | DATE             | :3-             | -10-87                                |
| <del></del>                             |                      |                   |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |                     |                                       |                  |                  |                 |                                       |

|                            | TOP       | TRUE<br>VERT. DEPTH                                                                 |                                                                                                                                                                                               | MAR 12 1987<br>DIVISION OF<br>GAS & MINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------|-----------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GEOLOGIC MARKERS           | 7.1       | MEAS, DEPTH                                                                         | 191<br>1050<br>1250<br>2163<br>2950<br>4922<br>5854<br>6000<br>6194<br>6372                                                                                                                   | The second secon |
| 38. GEOI                   |           | . NAME                                                                              | Morris on Entrada Navajo Chinle Cutler Honaker Trail Paradox Up. Is may Up. Desert Creek - Akah                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| recoveries); FORMATION FOR | DESCRIPT  | DST #1 6004-6100' (96') Upper Ismay: TO 15' SI 90'; TO 60"; SI 758". Opened to 3/4" | inged to % of cfg, trace 132°. PRES 131P 2030; 2920. Pres 19 per Ismay Opened to Opened to Opened to C60% oil cf0% oil cit still on % mud). Sa SAMPLER: 2 h 500# pre P 3036; IFP 207; FSIP 21 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                            | BOTTOM    |                                                                                     |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 101                        | TOP       |                                                                                     |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| recoveries):               | FURMATION |                                                                                     |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Division of Oil, Gas and Mining

Operator Change/Name Change Worksheet-for State use only

Effective Date:

2/1/2016

| FORMER OPERATOR:                                                              | <br>NEW OPERATOR:                                                                 |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Yates Petroleum Corporation N7400<br>105 South 4th Street<br>Artesia NM 88210 | Lodestone Operating, Inc. N2292<br>1605 US HWY 181, PMB #169<br>Portland TX 78374 |
| CA Number(s):                                                                 | Unit(s): Cazador                                                                  |

#### **WELL INFORMATION:**

| Well Name               | Sec | TWN | RNG | API |            | Entity | Mineral | Surface | Туре | Status |
|-------------------------|-----|-----|-----|-----|------------|--------|---------|---------|------|--------|
| Cazador Unit 1-1        | 31  | 37S | 25E |     | 4303731311 | 10807  | Federal | Federal | OW   | P      |
| Cazador Unit 1-2        | 31  | 37S | 25E |     | 4303731332 | 10807  | Federal | Federal | OW   | P      |
| Cazador Unit 1-4        | 31  | 37S | 25E |     | 4303731452 | 10807  | Federal | Federal | OW   | Р      |
| Manatee Fed 1           | 9   | 10S | 18E |     | 4304735798 | 15039  | Federal | Federal | OW   | P      |
| McCracken Springs #2-31 | 31  | 37S | 24E |     | 4303731275 | 10680  | Federal | Federal | OW   | P      |

#### **OPERATOR CHANGES DOCUMENTATION:**

1. Sundry or legal documentation was received from the **FORMER** operator on:

4/4/2016

2. Sundry or legal documentation was received from the **NEW** operator on:

4/4/2016

3. New operator Division of Corporations Business Number:

6279346-0143

#### **REVIEW:**

1. Surface Agreement Sundry from **NEW** operator on Fee Surface wells received on: N/A

2. Receipt of Acceptance of Drilling Procedures for APD on:

N/A

3. Reports current for Production/Disposition & Sundries:

4/6/2016

4. OPS/SI/TA well(s) reviewed for full cost bonding:

N/A

5. UIC5 on all disposal/injection/storage well(s) approved on:

N/A

6. Surface Facility(s) included in operator change:

N/A

7. Inspections of PA state/fee well sites complete on (only upon operators request):

N/A

#### **NEW OPERATOR BOND VERIFICATION:**

1. Federal well(s) covered by Bond Number:

UTB000018

2. Indian well(s) covered by Bond Number:

N/A

3.State/fee well(s) covered by Bond Number(s):

N/A

#### **DATA ENTRY:**

| 1. Well(s) update in the <b>OGIS</b> on:             | 4/6/2016 |
|------------------------------------------------------|----------|
| 2. Entity Number(s) updated in <b>OGIS</b> on:       | 4/6/2016 |
| 3. Unit(s) operator number update in <b>OGIS</b> on: | 4/6/2016 |
| 4. Surface Facilities update in <b>OGIS</b> on:      | N/A      |

5. State/Fee well(s) attached to bond(s) in **RBDMS** on:

N/A

6. Surface Facilities update in RBDMS on:

N/A

#### LEASE INTEREST OWNER NOTIFICATION:

1. The **NEW** operator of the Fee (Mineral) wells has been contacted and informed by a letter from the Division of their responsibility to notify all interest owners of this change on:

N/A

#### **COMMENTS:**



1605 US Highway 181, PMB #169 Portland, Texas 78374 Phone: 361-816-7654

smills@lodestoneoperating.com

RECEIVED
APR 0 4 2016

DIV. OF OIL, GAS & MINING

Sent USPO Certified 7008 1490 0003 5984 0959

March 29, 2016

Utah Dept of Natural Resources Earlene Russell Oil & Gas Division P.O. Box 145703 Salt Lake City, UT 84114-5703

Re: Form 9 – Sundry Notice – Change of Operator

RECEIVED

APR 0 4 2016

Dear Ms Russell:

DIV. OF OIL, GAS & MINING

Enclosed please find five (5) executed originals of Form 9 – Sundry Notices and Reports on Wells for the Change of Operator for the following Oil & Gas Wells located in San Juan and Uintah County, Utah effective February 1, 2016.

| 1. | Cazador Unit #1-1  | Lease# U-43651<br>API#43-037-31311    | San Juan County, Utah |
|----|--------------------|---------------------------------------|-----------------------|
| 2. | Cazador Unit #1-2  | Lease # U-43651<br>API# 43-037-31332  | San Juan County, Utah |
| 3. | Cazador Unit #1-4  | Lease# U-43651<br>API# 43-037-31452   | San Juan County, Utah |
| 4. | Manatee Federal #1 | Lease # UTU68620<br>API# 43-037-35798 | Uintah County, Utah   |

5. McCracken Springs #2-31 Lease# U-51846

API# 43-037-31275

San Juan County, Utah

If you have any questions or if I can be of further service, please do not hesitate to contact me.

Very truly yours,

Very truly yours,

LODESTONE OPERATING, INC.

Sylvia Mills

**Production Analyst** 

**Enclosures** 

### STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OU. CAS AND MINING

RECEIVED

| U-51846 6. IF INDIAN, ALLOTTEE OR TRIBE NAME: 7. UNIT OF CA AGREEMENT NAME: 8. WELL NAME and NUMBER: McCracken Springs #2-31 9. API NUMBER: 4903731275 10. FIELD AND POOL, OR WILDCAT: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Wildcat; Upper Ismay                                                                                                                                                                   |
| COUNTY: San Juan STATE: UTAH                                                                                                                                                           |
| ORT, OR OTHER DATA                                                                                                                                                                     |
|                                                                                                                                                                                        |
| REPERFORATE CURRENT FORMATION SIDETRACK TO REPAIR WELL TEMPORARILY ABANDON TUBING REPAIR                                                                                               |
| VENT OR FLARE WATER DISPOSAL WATER SHUT-OFF OTHER:                                                                                                                                     |
| to designate a new operator $78374$ e title to those rights in the agreement that the $3/11/2016$                                                                                      |
| oorting Supervisor                                                                                                                                                                     |
|                                                                                                                                                                                        |

(This space for State use only)

APPROVED

APR 0 6 2016